

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<b>BEST AVAILABLE COPY</b>		3/30/99
O.I.P.E. CLASSIFIER			8
FORMALITY REVIEW			70217

745-99

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	1/14/99
2	1/14/99
3	1/14/99
4	1/14/99
5	1/14/99
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Claim	Date
Final	
Original	
51	1/14/99
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99	1/14/99
100	1/14/99

Claim	Date
Final	
Original	
101	1/14/99
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150	1/14/99

If more than 150 claims or 10 actions  
 staple additional sheet here